

**STATE OF INDIANA  
INDIANA DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF RECLAMATION**

**CERTIFICATE OF LIABILITY INSURANCE**

|   |                             |
|---|-----------------------------|
| INSURANCE AGENT AND ADDRESS:  | MINING COMPANY AND ADDRESS: |
| PERMITS COVERED UNDER THIS POLICY - Please list all permit areas covered giving reclamation permit number and pit name: |                             |

**INSURANCE COVERAGE**

**GENERAL LIABILITY**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

|                     | <u>Each Occurrence</u> | <u>Aggregate</u> |
|---------------------|------------------------|------------------|
| Bodily Injury:      | \$ _____               | \$ _____         |
| Property Damage:    | \$ _____               | \$ _____         |
| BI and PD Combined: | \$ _____               | \$ _____         |

COVERAGE EXCLUSIONS - This policy covers all actions or activities undertaken in conjunction with the aforementioned mine permits with the exception of the following exclusions or limits:

**EXCESS LIABILITY - Umbrella Form**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

|  | <u>Each Occurrence</u> | <u>Aggregate</u> |
|--|------------------------|------------------|
| Bodily Injury and<br>Property Damage Combined: | \$ _____               | \$ _____         |

COVERAGE EXCLUSIONS - This policy covers all actions or activities undertaken in conjunction with the aforementioned mine permits with the exception of the following exclusions or limits:

The insurer will notify the Department of Natural Resources, Division of Reclamation within 15 days if any substantial changes are made to this policy, if the policy is terminated, or if the mining company fails to renew this policy.

CERTIFICATE HOLDER:      Indiana Department of Natural Resources  
    Division of Reclamation  
    R.R. #2 Box 129  
    Jasonville, Indiana 47438

Date: \_\_\_\_\_ Authorized Insurance Representative: \_\_\_\_\_

312 IAC 25-5-19 Liability insurance; terms and conditions

Sec. 19. Terms and Conditions for Liability Insurance.

(a) The Department shall require the applicant to submit at the time of permit application a certificate certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operation for which the permit is sought. The certificate shall provide for personal injury and property damage protection in an amount adequate to compensate all persons injured or property damaged as a result of surface coal mining and reclamation operations, including use of explosives and damage to water wells, and entitled to compensation under the applicable provisions of Indiana state law. Minimum insurance coverage for bodily injury shall be \$300,000 for each occurrence and \$500,000 aggregate; and minimum insurance coverage for property damage shall be \$250,000 for each occurrence and \$500,000 aggregate.

(b) The policy shall be maintained in full force during the life of the permit or any renewal thereof including completion of all reclamation operations under these regulations [312 IAC 25].

(c) The policy shall include a rider requiring that the insurer notify the Department whenever substantive changes are made in the policy, including any termination or failure to renew.

The Department may accept from the applicant, in lieu of a certificate for a public liability insurance policy, satisfactory evidence from the applicant that it is self insured in whole or in part.